

UTAH DEPARTMENT OF WORKFORCE SERVICES

APPEALS TRIBUNAL

Petition for Approval of Fee

Claimant's Name _____ Claimant's SS Number _____

Date(s) of Hearing _____ Appeal Case Number _____

Date Retained _____ Date Representation Ended _____

Total Amount of Expenses/Fees PAID by claimant to date \$ _____

Total Fee (including any pre-paid amount) Requested \$ _____

DATE	ITEMIZED SERVICE (i.e. research, preparation of brief and attendance at hearing)	ACTUAL TIME REQUIRED

I furnished a copy of this petition to the party(s) for whom these services were performed on _____
I certify that the above information and the information provided in response to the questions on the back of this
form is true and correct to the best of my knowledge.

Typed Name of Representative/Attorney

Attorney Number

Signature of Representative/Attorney

Street Address or P.O. Box

Telephone Number

City, State, Zip Code

Amount of Approved Fee \$ _____

Administrative Law Judge

Date

CLAIMANT: If you object to the fee requested by your attorney, check the following box and return this form
immediately to the Administrative Law Judge.

☐ I object to the fee requested by the attorney and request a hearing.

Claimant Signature

Date

Section 35A-4-103(3) No individual claiming benefits shall be charged fees or costs of any kind in any proceeding under this act by the department or its representatives, or by any court or any officer thereof. Any individual claiming benefits in any proceeding before the department or its representatives or a court may be represented by counsel or any other duly authorized agent; but no counsel or agent shall either charge or receive for his services more than an amount approved by the department. Any person who violates any provision of this subsection shall, for each offense, be fined not less than \$50 nor more than \$500 or imprisoned for not more than six months, or both.

Before the petition will be considered, the following questions must be answered:

1. In your opinion, why was representation advisable or necessary at the hearing: (Include, e.g., any complexity or novelty of facts or issues.)

2. Was the alternative of self-representation explained to the claimant? _____

Why was this option rejected? _____

3. What fee, if any, was agreed to for your services? _____

4. On what basis was the agreed fee, if any, calculated? _____

5. If it was a contingency fee in whole or in part, refer to Rule 1.5, Rules of Professional Conduct. Did you comply with 1.5(c) and (d)? _____

6. What fee is customarily charged in your locality of practice and what is the basis for that fee?

7. What is the amount and nature of your experience:

In unemployment insurance appeals? _____

In other administrative appeals? _____

8. Is the fee sought reasonable and equitable given the claimant's circumstances and, if so, why?

The approval or disapproval of a fee rests solely with the Administrative Law Judge before whom the representative appeared. Fees will not be approved in excess of 25% of the claimant's maximum unemployment entitlement. The decision regarding the fee will become final unless within ten days from the date of issuance of the decision further written appeal is made to the Appeals Board, P.O. Box 45244, Salt Lake City, Utah 84145-0244, setting forth grounds upon which the appeal is made.